

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

June 16, 2011

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Mahoney Golf Course, 7900 Adams Street. Cory Fletcher, licensee request the current class A liquor license be upgraded to a class I liquor license.

Cory Fletcher will remain the manager of the new license. Mr. Fletcher has completed the required training.

This location has had no liquor law violations.

This application must conform to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) Cory Fletcher DBA Mahoney Golf Course

Street Address #1 7900 Adams

Street Address #2 _____

City Lincoln

County Lancaster

Zip Code 68507

Premise Telephone number 402-441-8969

Is this location inside the city/village corporate limits:

☒

YES

☐

NO

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Mailing address (where you want to receive mail from the Commission)

JUN 01 2011

Name Cory Fletcher DBA Mahoney Golf Course

NEBRASKA LIQUOR

Street Address #1 7900 Adams

CONTROL COMMISSION

Street Address #2 _____

City Lincoln

State Nebraska

Zip Code 68507

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

READ CAREFULLY

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Length _____ feet
Width _____ feet

As per Current License - 47231

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

ENTIRE Golf Course 18-Holes, Buildings
: Irregular shaped Clubhouse Approx 72x82

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, **EVER** been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

2. Are you buying the business of a current retail liquor license?

☐ YES ☒ NO

If yes, give name of business and liquor license number _____

a) Submit a copy of the sales agreement

b) Include a list of alcohol being purchased, list the name brand, container size and how many

c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

☒ YES ☐ NO

If yes, give name and license number 47231

4. Are you filing a temporary operating permit to operate during the application process?

☒ YES ☐ NO

If yes:

a) Attach temporary operating permit (T.O.P.) (form 125)

b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender(s) _____

12. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse) as listed on form 3c
- d) Limited Liability Company, manager only (no spouse) as listed on form 3c

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Applicant Name	Date Trained (mm/yyyy)	Name of program where trained (name, city)
Cory Fletcher	4/2000 to present	Responsible Hospitality Training - Lincoln, Ne
Sandra Buchenau	4/2000 to present	Food and Beverage Manager - Mahoney Golf Course

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date May 1, 2012

☐ Deed

☐ Purchase Agreement

14. When do you intend to open for business? weather Permitting

15. What will be the main nature of business? Golf Course/Pro Shop/Driving Range/Food & Bev

16. What are the anticipated hours of operation? Dawn to Dusk (6a.m. to approx 10:00 p.m.)

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR FROM TO		SPOUSE: CITY & STATE	YEAR FROM TO	
Cory Fletcher	2000	current	JANELL FLETCHER	2000	Current

If necessary attach a separate sheet.

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.


Signature of Applicant


Signature of Spouse

Signature of Applicant

Signature of Spouse **RECEIVED**

Signature of Applicant

Signature of Spouse

JUN 01 2011

**NEBRASKA LIQUOR
CONTROL COMMISSION**

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

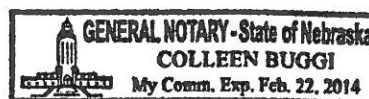
6-01-2011

date

by Cory Fletcher and Janell Fletcher
name of person acknowledged


Notary Public Signature

Affix Seal



In compliance with the ADA, this application is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

**APPLICATION FOR LIQUOR LICENSE
INDIVIDUAL
INSERT - FORM 1**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use
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Individual applicants, including spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must sign the signature page of the Application for License form
- 6) Applicant may be required to take a training course

Name of individual applicant who will hold license

Last Name: Fletcher

First Name: Cory MI: S

Home Address: 5110 Knox City: Lincoln Zip Code: 68504

Social Security Number: _____ Date of Birth: _____

Home Telephone Number: cell 402-525-9502

Drivers License Number: _____ State: Nebraska

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

☒ YES

☐ NO

If yes, provide your spouse's information below

Spouses Last Name: Fletcher

Spouses First Name: Janell MI: R

Social Security Number: _____ Date of Birth: _____

Drivers License Number: _____ State: Nebraska

In compliance with the ADA, this individual insert form 1 is available in other formats for person with disabilities.
A ten day advance period is required in writing to produce the alternate format.

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NEBRASKA LIQUOR
CONTROL COMMISSION

Bureau of Vital Statistics

given to this child's parent.

CERTIFICATE OF LIVE BIRTH

CHILD - NAME		DATE OF BIRTH (MONTH, DAY, YEAR)	BIRTH NUMBER
1. SEX	2. NAME	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. BIRTH NUMBER
Male	Gory Stuart	1950	150
5. CITY, TOWN, OR LOCATION OF BIRTH	6. COUNTY OF BIRTH	7. DATE OF BIRTH (MONTH, DAY, YEAR)	
Lincoln	Lancaster	1950	
8. MOTHER - MAIDEN NAME	9. MOTHER - NAME	10. DATE OF BIRTH (MONTH, DAY, YEAR)	11. BIRTH NUMBER
Nancy Rodwell	Jane Rodwell	1950	150
12. RESIDENCE - STATE	13. CITY, TOWN, OR LOCATION	14. DATE OF BIRTH (MONTH, DAY, YEAR)	15. BIRTH NUMBER
Nebraska	Lincoln	1950	150
16. FATHER - NAME	17. FATHER - NAME	18. DATE OF BIRTH (MONTH, DAY, YEAR)	19. BIRTH NUMBER
Robert Fletcher	Gerald Fletcher	1950	150
20. INFORMANT - NAME OR SIGNATURE	21. DATE SIGNED	22. MONTH, DAY, YEAR	23. BIRTH NUMBER
Mrs. Nancy Fletcher	1950	1950	150
24. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN AT THE PLACE AND TIME AND ON THE DATE SHOWN ABOVE.	25. SIGNATURE	26. DATE SIGNED	27. MONTH, DAY, YEAR
	1950	1950	150
28. REGISTRAR - SIGNATURE	29. DATE RECEIVED	30. MONTH, DAY, YEAR	31. BIRTH NUMBER
1950	1950	1950	150

KANSAS STATE DEPARTMENT OF HEALTH
Division of Vital Statistics

(Do Not Write In This Box)

115-70-006808

CERTIFICATE OF LIVE BIRTH

LOCAL FILE NUMBER		CHILD - NAME FIRST MIDDLE LAST JANELL RENAE TREMBLEY		DATE OF BIRTH (MONTH, DAY, YEAR)		BIRTH NUMBER	
SEX 1. Female		THIS BIRTH (SINGLE, TWIN, TRIPLE, ETC.) 4. Single		IF NOT SINGLE BIRTH (GIVEN FIRST, SECOND, THIRD, ETC. (SPECIFY))		COUNTY OF BIRTH 2. Republic	
CITY, TOWN, OR LOCATION OF BIRTH 3. Belleville		INSIDE CITY LIMITS (SPECIFY YES OR NO) 5. Yes		HOSPITAL - NAME 6. Republic County Hospital		IF NOT IN HOSPITAL, GIVE STREET AND NUMBER	
MOTHER - MAIDEN NAME 7. Barbara Ann Tedrow		FATHER - NAME 8. David Leroy Trembley		AGE (AT TIME OF THIS BIRTH) 9. 21		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 10. Nebraska	
RESIDENCE - STATE 11. Kansas		COUNTY 12. Republic		CITY, TOWN, OR LOCATION 13. Scandia		STREET AND NUMBER 14. P. O. Box 178	
FATHER - NAME 15. David Leroy Trembley		MOTHER - MAIDEN NAME 16. Barbara Ann Tedrow		AGE (AT TIME OF THIS BIRTH) 17. 27		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 18. Kansas	
PARENT'S VERIFICATION: I hereby certify that the information in items 1 thru 6 and 13 thru 17 is correct to the best of my knowledge.						DATE SIGNED:	
9a. SIGNATURE: <i>David L. Trembley</i>						19. *****	
MOTHER'S MAILING ADDRESS: 20. P. O. Box 178 Scandia, Kansas 66066						(Street or R. F. D. No., City or Town, State, Zip No.)	
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.						DATE SIGNED (MONTH, DAY, YEAR)	
19a. SIGNATURE: /s/ Duane L. Scott, M. D.						21. April 13, 1970	
CERTIFIER - NAME (TYPE OR PRINT)						MAILING ADDRESS (STREET OR R. F. D. NO., CITY OR TOWN, STATE, ZIP)	
19b. REGISTRAR - SIGNATURE: /s/ Eldon J. Saylor						22. 1206 18th Street, Belleville, Kansas 66935	
DATE RECEIVED BY LOCAL REGISTRAR						23. April 13, 1970	

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